

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90039 028 \*\*\*\*50.00

**DOCUMENT # L05000008342**

1. Entity Name  
PORTFOLIO DEVELOPMENT GROUP OF NAPLES, LLC



Principal Place of Business  
643 110TH AVE  
NAPLES, FL 34108

Mailing Address  
100 SITTERLY RD  
CLIFTON PARK, NY 12065

**60052207**



07032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3135869

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

QUINN, JAMES B JR  
643 110TH AVE  
NAPLES, FL 34108

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MACDONALD, DAVID
STREET ADDRESS	643 110TH AVE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MGR
NAME	QUINN, KEVIN M
STREET ADDRESS	643 110TH AVE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MGR
NAME	ROTONDO, KENNETH J
STREET ADDRESS	100 SITTERLY RD
CITY-ST-ZIP	CLIFTON PARK, NY 12065
TITLE	MGR
NAME	QUINN, JAMES B JR
STREET ADDRESS	100 SITTERLY RD
CITY-ST-ZIP	CLIFTON PARK, NY 12065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

7/15/07

Daytime Phone #

518-373-5765